



# ***COMMONWEALTH OF MASSACHUSETTS***

## **CUSI TABLE CHANGE REQUEST FORM**

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**TO:** Dept. Assistance Bureau  
Office of the Comptroller  
One Ashburton Place, 9th Floor  
Boston, Massachusetts 02108

**DATE:** \_\_\_\_\_

**FROM:** Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Dept/Organization: \_\_\_\_\_  
Phone: \_\_\_\_\_

### **OLD CUSTOMER INFORMATION**

Customer Number: \_\_\_\_\_  
Customer Name: \_\_\_\_\_  
Customer Type: \_\_\_\_\_

### **NEW CUSTOMER INFORMATION**

Customer Number: \_\_\_\_\_  
Customer Name: \_\_\_\_\_  
Customer Type: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_  
Department Head or Authorized Designee